

**UTAH ACCIDENT & HEALTH INSURANCE  
REQUEST FOR DISCRETIONARY GROUP AUTHORIZATION**

**INSURER NAME** \_\_\_\_\_ **NAIC#** \_\_\_\_\_ **Domicile** \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

**All questions must be answered in detail. Complete a separate form for each group.**

**1. GROUP INFORMATION:**

Policyholder name: \_\_\_\_\_

Group name: \_\_\_\_\_

Date group formed \_\_\_\_\_ By whom: \_\_\_\_\_

Describe purpose of group: \_\_\_\_\_  
\_\_\_\_\_

Qualifications for membership: \_\_\_\_\_

Is the group composed of other groups or other unrelated persons: \_\_\_\_\_

Explain and list all other groups and/or unrelated persons: \_\_\_\_\_  
\_\_\_\_\_

**2. TRUST INFORMATION:**

Is a TRUST involved: \_\_\_\_YES \_\_\_\_NO Trust domicile: \_\_\_\_\_

If yes, what is the name of trust: \_\_\_\_\_

Date trust formed \_\_\_\_\_ By whom \_\_\_\_\_

Trustee name: \_\_\_\_\_

Trustor name: \_\_\_\_\_

Trust administrator name: \_\_\_\_\_

Function/purpose of the trust: \_\_\_\_\_

**3. BILL COLLECTION AND PAYMENT OF PREMIUMS:** Mark all applicable:

\_\_\_\_\_ Premiums paid by the policyholder from its funds or from funds contributed by insureds and is sent to the insurer by the policyholder.

\_\_\_\_\_ Payroll deduction.

\_\_\_\_\_ Deductions from a depository account.

\_\_\_\_\_ Automatic charges to a credit card or open charge account.

\_\_\_\_\_ Trust administrator collects premiums and sends to insurer.

\_\_\_\_\_ Billed individually.

\_\_\_\_\_ Other \_\_\_\_\_

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**4. MARKETING:**

Types of insurance products to be offered: \_\_\_\_\_

Identify all organizations and individuals involved in marketing and describe their functions: \_\_\_\_\_

\_\_\_\_\_

Where do the leads for marketing or enrolling group members originate? \_\_\_\_\_

\_\_\_\_\_

How is the marketing and/or enrolling done? \_\_\_\_\_

Who performs the marketing or enrolling of the certificates?

\_\_\_\_\_ Employees of the insurer. (Unlicensed telemarketers may not market the product.)

\_\_\_\_\_ Enrolled by group policyholder where the individual is a member of the group.

\_\_\_\_\_ Mass Solicitation (i.e. direct mail or internet)

\_\_\_\_\_ Solicited individually by producers licensed in Utah.

\_\_\_\_\_ Other \_\_\_\_\_

**5. DOCUMENTS TO BE SUBMITTED:**

\_\_\_\_\_ Cover letter and self addressed stamped envelope.

\_\_\_\_\_ Complete copy of trust agreement, bylaws, and/or articles of incorporation.

\_\_\_\_\_ Certification signed by a qualified actuary that states the proposed group is actuarially sound.

\_\_\_\_\_ Sales / marketing materials.

\_\_\_\_\_ Additional materials may be submitted to further describe the group.

\_\_\_\_\_ Other \_\_\_\_\_

**CERTIFICATION:** Initial each item.

\_\_\_\_\_ Formation of the proposed group results in economies of scale in administrative, marketing and brokerage costs, and the health insurance policy, certificate or other indicia of coverage that will be offered to the proposed group is substantially equivalent to policies that are otherwise available to similar groups.

\_\_\_\_\_ **BY COMPLETING THIS FORM, THE COMPANY CERTIFIES THAT THE MARKETING WILL BE LIMITED TO THE GROUP IDENTIFIED HEREIN. IF YOU MARKET THE PRODUCT TO OTHER GROUPS, A NEW QUESTIONNAIRE MUST BE SUBMITTED TO THE DEPARTMENT.**

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Title**

\_\_\_\_\_

**Original Signature**

\_\_\_\_\_

**Date**

If you have questions contact Mr. Troy Stover at (801) 538-3404 or [tstover@utah.gov](mailto:tstover@utah.gov).